

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

In re:)	
)	Chapter 11
W.R. GRACE & CO., <u>et al.</u> ,)	
)	Case No. 01-1139 (JKF)
)	Jointly Administered
Debtors.)	
)	Objection Date: January 3, 2012 at 4:00 p.m.
)	Hearing: Schedule if Necessary (Negative Notice)

**COVER SHEET TO SEVENTY-SECOND MONTHLY INTERIM APPLICATION OF
DAVID T. AUSTERN, ASBESTOS PI FUTURE CLAIMANTS' REPRESENTATIVE
FOR COMPENSATION AND REIMBURSEMENT OF EXPENSES FOR THE PERIOD
OCTOBER 1, 2011 THROUGH OCTOBER 31, 2011**

Name of Applicant:	David T. Austern, Asbestos PI Future Claimants' Representative ("FCR")
Authorized to Provide Professional Services to:	As the FCR
Date of Retention:	May 25, 2004
Period for which compensation is sought:	October 1, 2011 through October 31, 2011
Amount of Compensation (100%) sought as actual, reasonable, and necessary:	\$150.00
80% of fees to be paid:	\$120.00 ¹
Amount of Expense Reimbursement sought as actual, reasonable and necessary:	\$ 0.00
Total Fees @ 80% and 100% Expenses:	\$120.00

¹ Pursuant to the Administrative Order, as Amended dated April 17, 2002, absent timely objections, the Debtors are authorized and directed to pay 80% of fees and 100% expenses.

This is an: ____ interim X monthly ____ final application.

The total time expended for fee application preparation during this time period is 0.00 hours and the corresponding fees are \$0.00 and expenses are \$0.00. Such time spent on such tasks will be requested in subsequent monthly interim applications or have been performed by the FCR's bankruptcy counsel, Orrick, Herrington & Sutcliffe LLP.

COMPENSATION SUMMARY
OCTOBER 2011

<u>Name of Professional Person</u>	<u>Position of Applicant</u>	<u>Hourly Billing Rate</u>	<u>Total Billed Hours</u>	<u>Total Compensation</u>
David T. Austern	Future Claimants' Representative	\$500.00	.30	\$150.00
Grand Total:			.30	\$150.00
Blended Rate: \$500.00				

Total Fees: \$150.00
Total Hours: .30
Blended Rate: \$150.00

COMPENSATION BY PROJECT CATEGORY

<u>Project Category</u>	<u>Total Hours</u>	<u>Total Fees</u>
Plan & Disclosure Statement	.30	\$150.00
TOTAL	.30	\$150.00

EXPENSE SUMMARY

<u>Expense Category</u>	<u>Total</u>
No Expenses	\$0.00
TOTAL	\$0.00

Respectfully submitted,

Dated: December 12, 2011

/S/ DAVID T. AUSTERN

David T. Austern
Claims Resolution Management Corporation
3110 Fairview Park Drive, Suite 200
Falls Church, VA 22042-0683
(703) 205-0835